

Case Number:	CM15-0011336		
Date Assigned:	01/28/2015	Date of Injury:	05/09/2012
Decision Date:	03/24/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 31 year old female who sustained an industrial injury reported on 5/9/2012. She has reported intermittent right shoulder, elbow, wrist, and hand pain. The diagnoses have included musculotendinoligamentous sprain/strain injury - bilateral shoulders, thoracic and lumbar spine; bilateral shoulder impingement syndrome; bilateral acromioclavicular sprain/strain; bilateral elbow and wrist tendinoligamentous injury; anxiety adjustment reaction secondary to chronic pain & disability; delayed functional recovery from chronic pain & disability; bilateral wrist carpal tunnel syndrome; bilateral elbow cubital tunnel syndrome; right wrist derangement; bilateral hand pain; rule out cervical and lumbar disc bulging; and bilateral lateral elbow epicondylitis. Treatments to date have included consultations; diagnostic imaging studies; ice and heat therapy; home exercises; and medication management. The work status classification for this injured worker (IW) was noted to be temporarily totally disabled and back to work on restricted work duties. On 12/23/2014 Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/19/2014, for Lyons Spec compound cream (Keto 10%, Diclof 3%, Gaba 6%, Lido 2%, Cyclo 2%) 2gm with no refill. The American College of Occupational and Environmental Medicine; The Food and Drug Administration on compounded topical anesthetic creams; the Medical Treatment Utilization Schedule on chronic pain, topical analgesics; the Official Disability Guidelines, topical compounded medications, were all cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lyons Spec (Keto 10%, Diclo 3%, Gaba 6%, Lido 2%, Cyclo 2%) 2gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-113.

Decision rationale: According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It is not documented in the medical record if the patient has tried and failed first line treatment for chronic pain including antidepressant and anticonvulsant medications. Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or and AED (gabapentin or Lyrica). Not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary.